ONLINE INVOICING FOR PROVIDERS – HOW TO GUIDE

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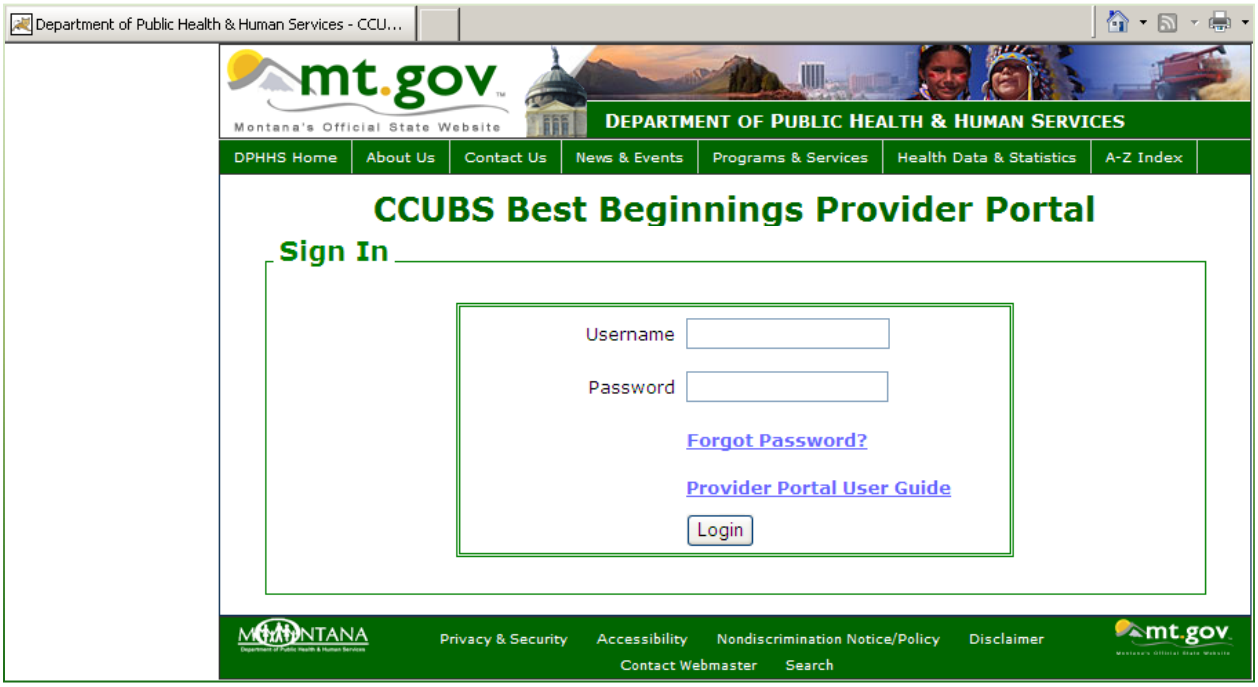
SIGNING ON

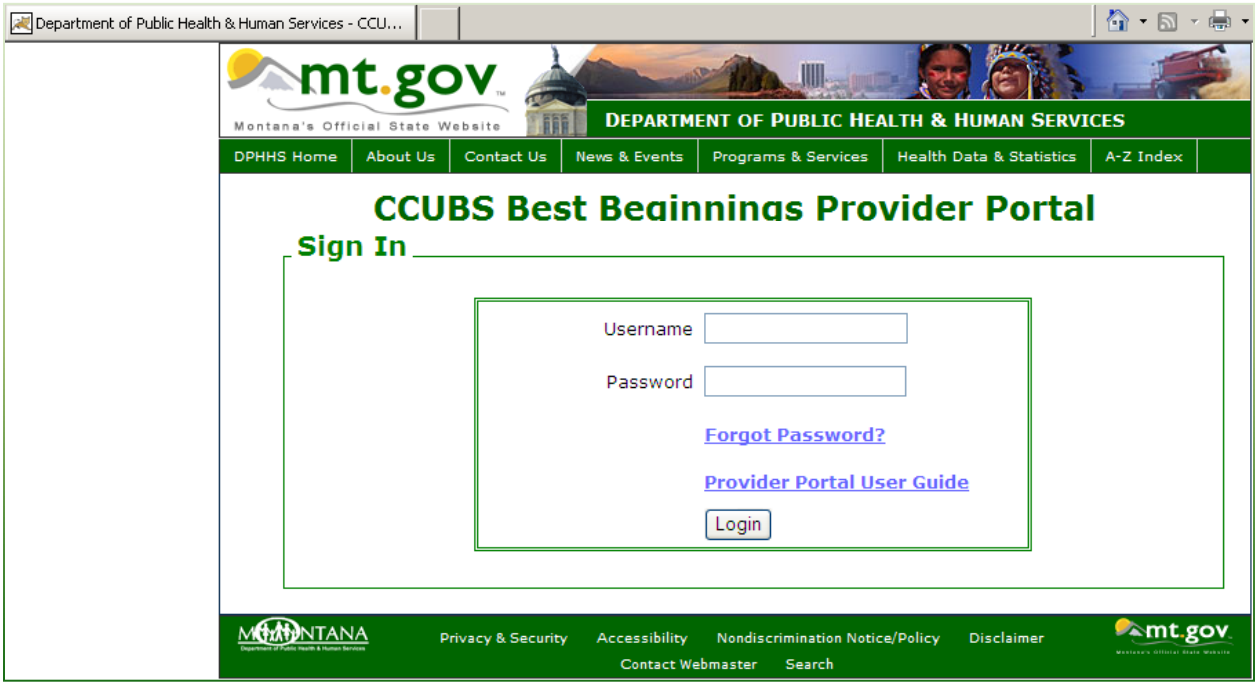
1. Open your web browser (i.e. Internet Explorer).
2. Access the Best Beginnings Provider Portal.
3. Type your PS number in the Username field.



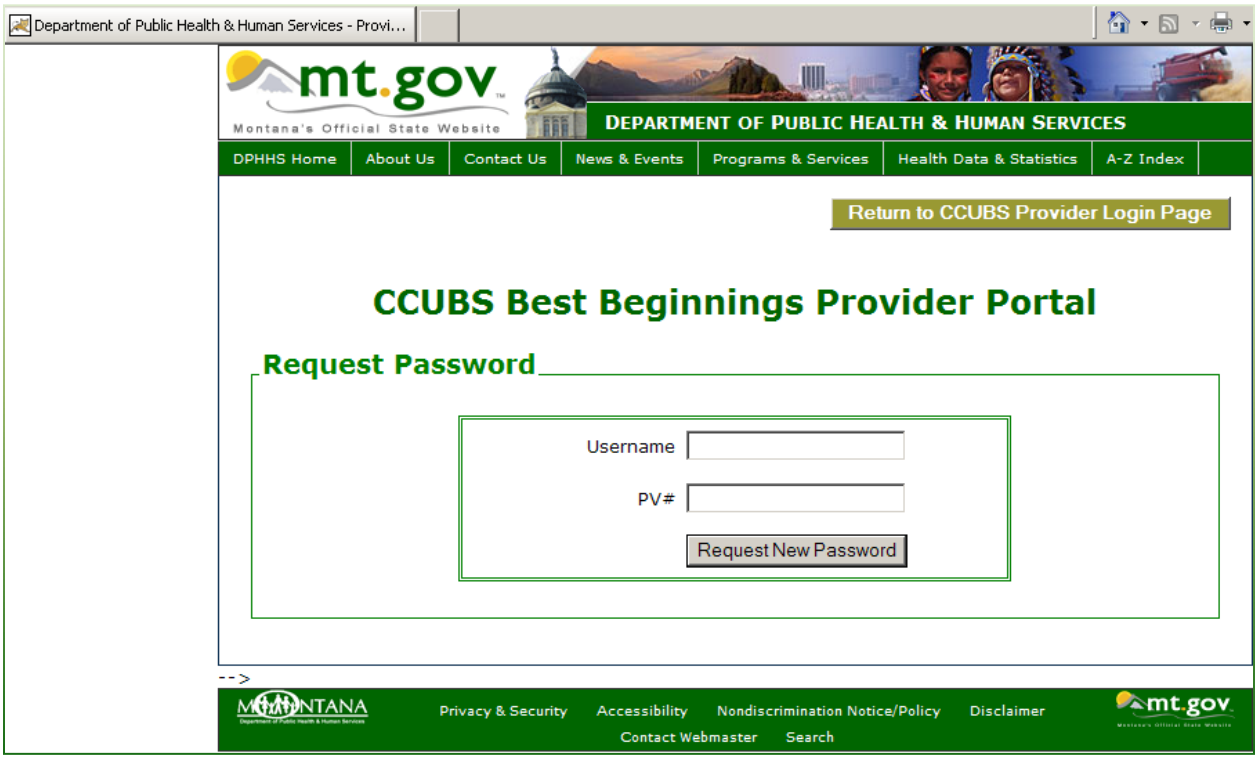
4. Type your password in the Password field.
5. Press Enter (or click the Login button) on the Sign In page.

GETTING A NEW PASSWORD SENT TO YOU, IF YOU HAVE FORGOTTEN YOUR PASSWORD

1. Open your web browser (i.e. Internet Explorer).
2. Access the Best Beginnings Provider Portal.
3. Click on the Forgot Password? link (beneath the Password field) on the Sign In page.



4. The window below displays. Enter your Username and PV# and click the Request New Password button.

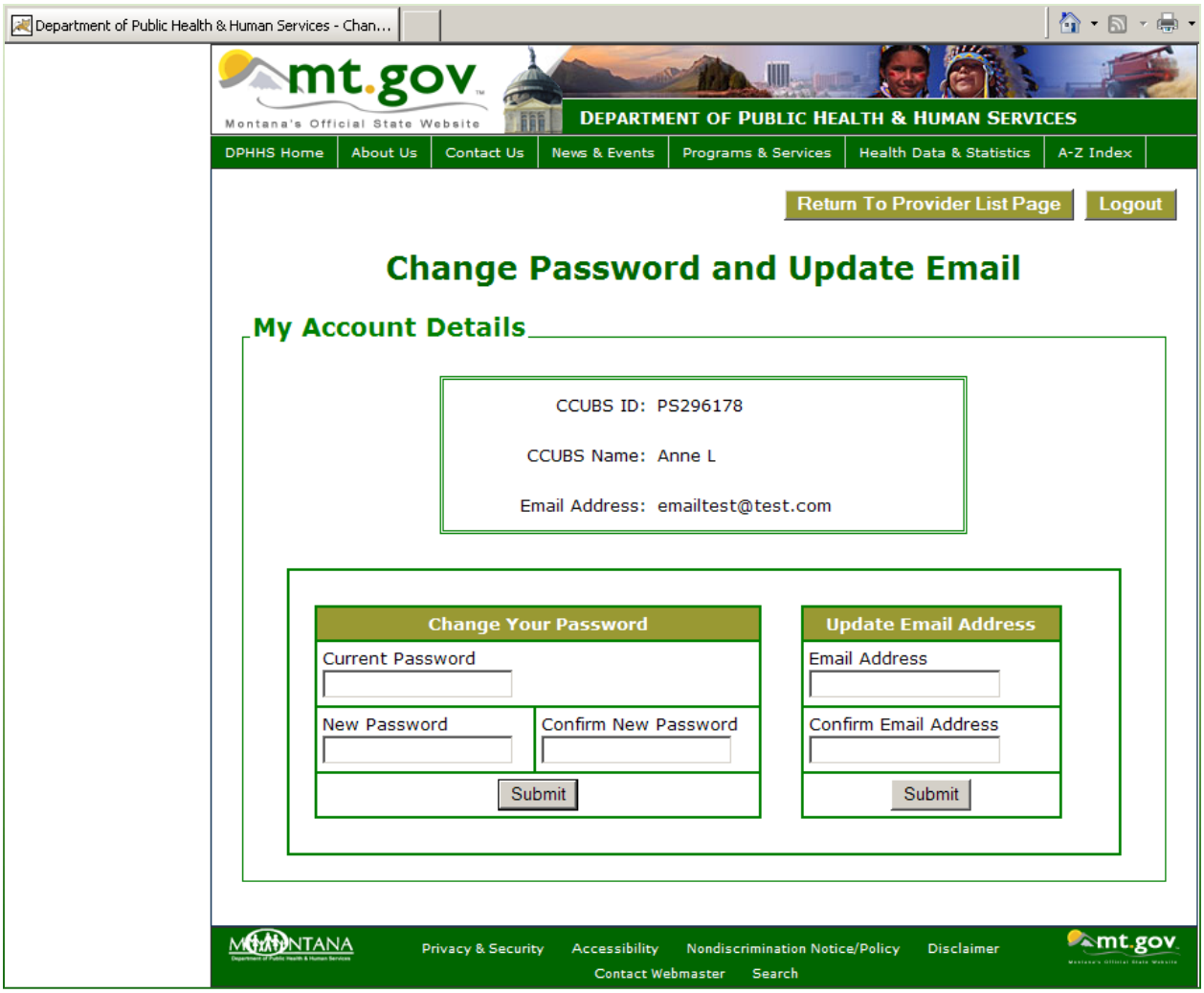


5. If your email address is known to the system, a temporary password will be emailed to you immediately. If not, a new password will be mailed to you via the US Postal Service. Once you receive the new password, you are ready to log on using that system generated password. (You can then change your password if desired, and enter an email address in the system so that future passwords can be sent immediately via email.)

ENTERING/UPDATING YOUR EMAIL ADDRESS

1. Click the Change Password/Email button, available at the top of pages such as the CCUBS Provider List.

This window is displayed. If the system has an email address for you, it will display beneath your CCUBS Name.

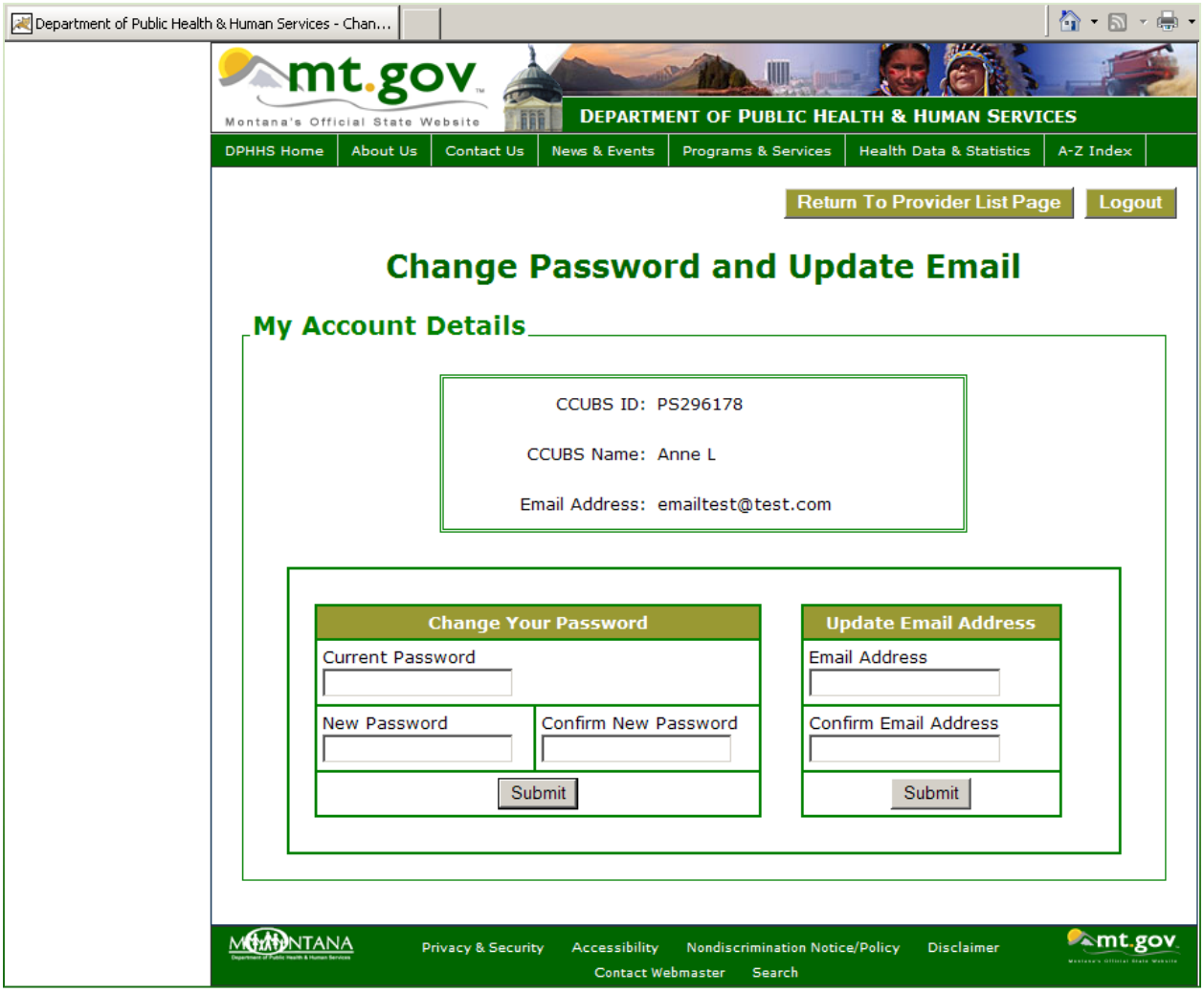


2. In the Update Email Address section, click in the **Email Address** box and type your email address.
3. Tab to (or click in) the **Confirm Email Address** box and type your email address again.
4. Press Enter (or click the Submit button). The system displays a confirmation message.

CHANGING YOUR PASSWORD

1. Click the Change Password/Email button, available at the top of pages such as the CCUBS Provider List.

This window is displayed:



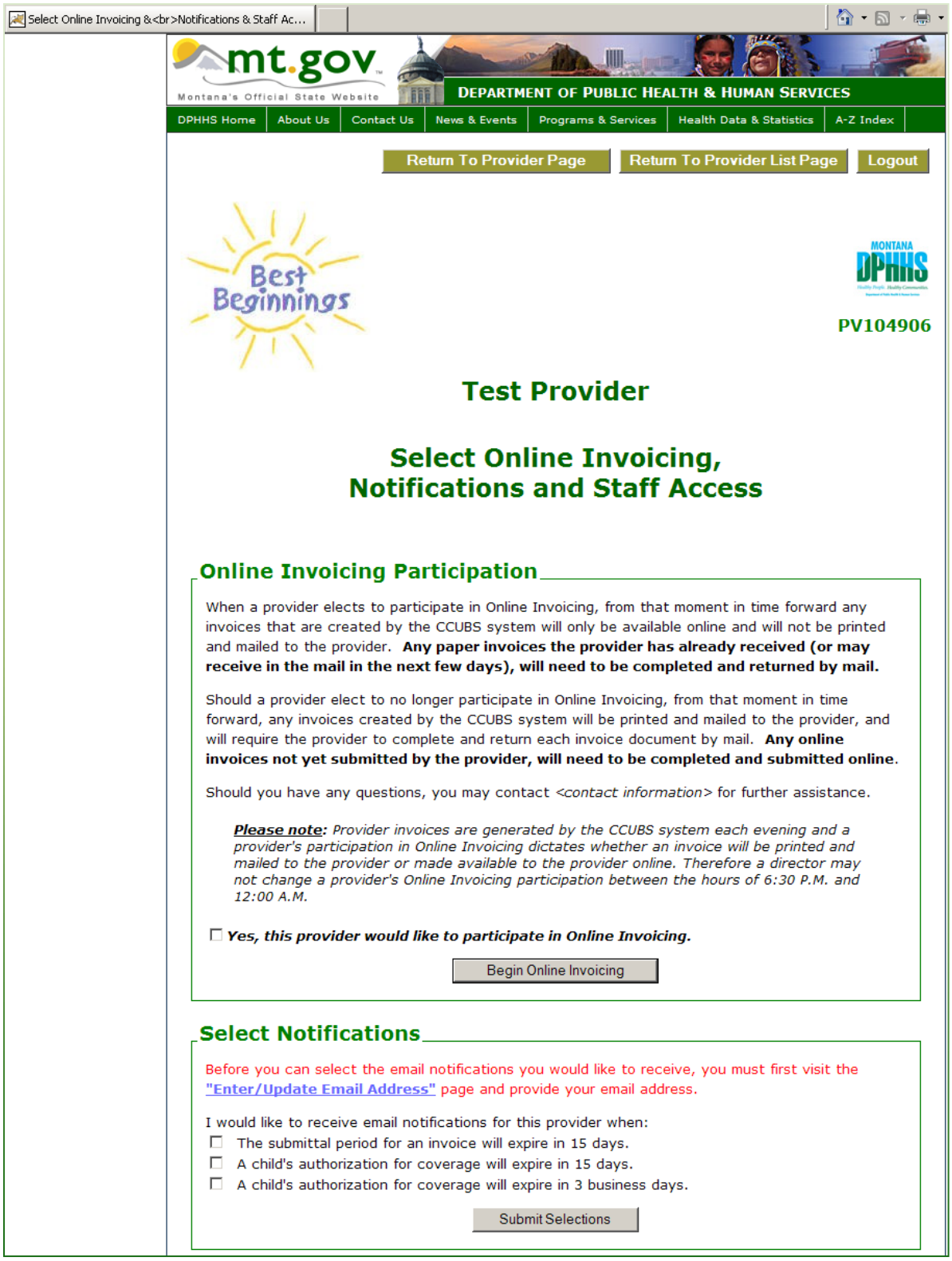
2. Click in the Current Password field and type your current password.
3. Tab to (or click in) the New Password field and type your new password. Remember, passwords cannot include spaces.
4. Tab to (or click in) the Confirm New Password field and type your new password again.
5. Click the Submit button. The system displays a confirmation message.

VIEWING/UPDATING PREFERENCES FOR ONLINE INVOICING PARTICIPATION, NOTIFICATIONS, & STAFF ACCESS (DIRECTORS ONLY)

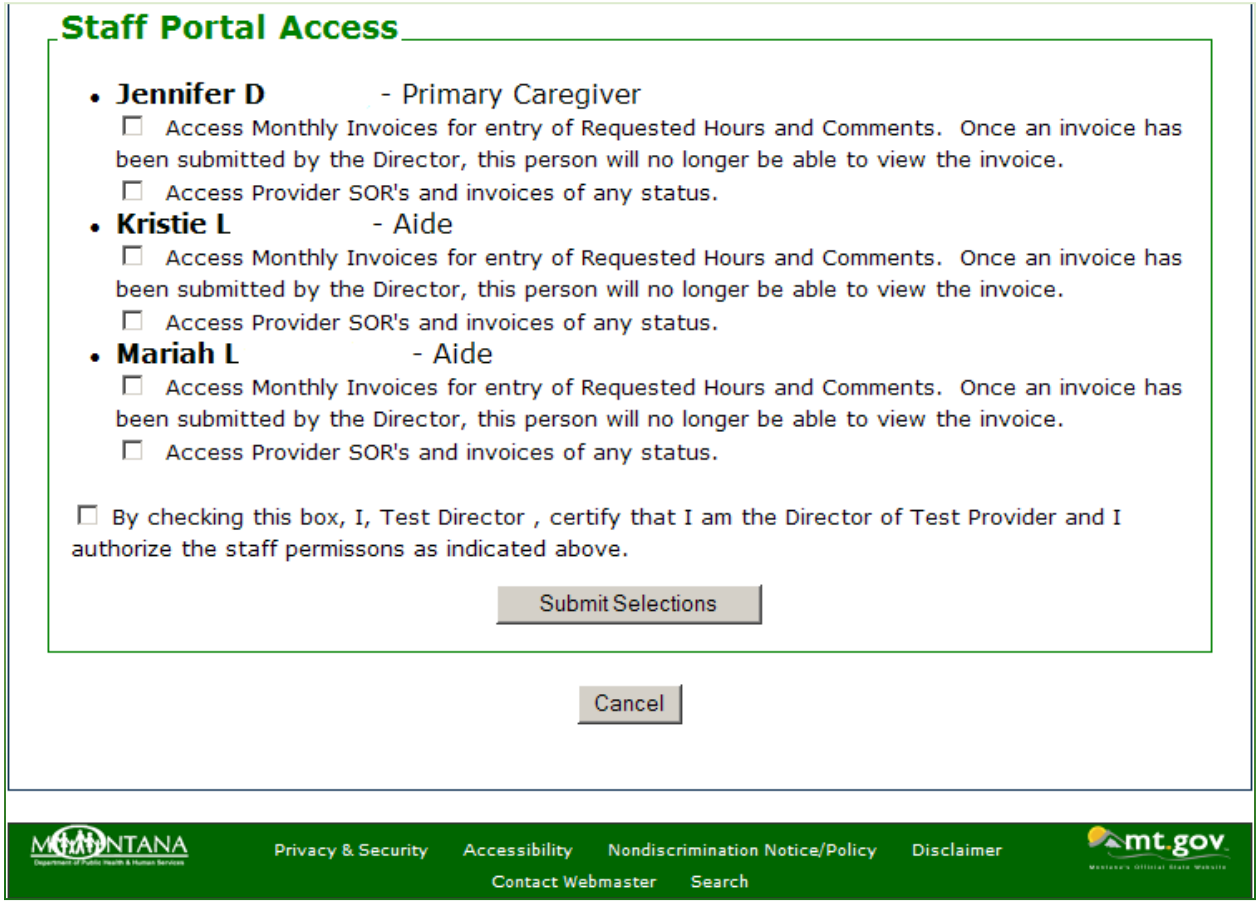
1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.

2. On the page for the provider/facility, click on either the circled button or link.

3. Mark the checkbox in the Online Invoicing Participation section and click the “Begin Online Invoicing” button, if desired.



4. Mark any checkboxes desired in the Select Notification section and click the Submit Selections button in that section.
5. Click any desired checkboxes in the Staff Portal Access section for the individuals listed.



6. Click the "By checking this box…" checkbox.
7. Click the Submit Selections button in this section.

UPDATING RIGHTS AND RESPONSIBILITIES AGREEMENT (DIRECTORS ONLY)

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

2. On the page for the provider/facility, click on the “Completion required by…” link.

3. Read and check each item by clicking on the box. Scroll down to complete all items.

Department of Public Health & Human Services - Provi...

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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Provider Rights and Responsibilities

Provider Rights and Responsibilities Agreements

PHHS-HCS/CC-018
(Rev. 10/11)

Best Beginnings

MONTANA DPHHS

State of Montana
Department of Public Health and Human Services
Human and Community Services Division

Child Care Provider
Rights and Responsibilities

Best Beginnings Child Care Scholarship Program

If you need additional information to complete this form, please contact your local Child Care Resource & Referral agency.

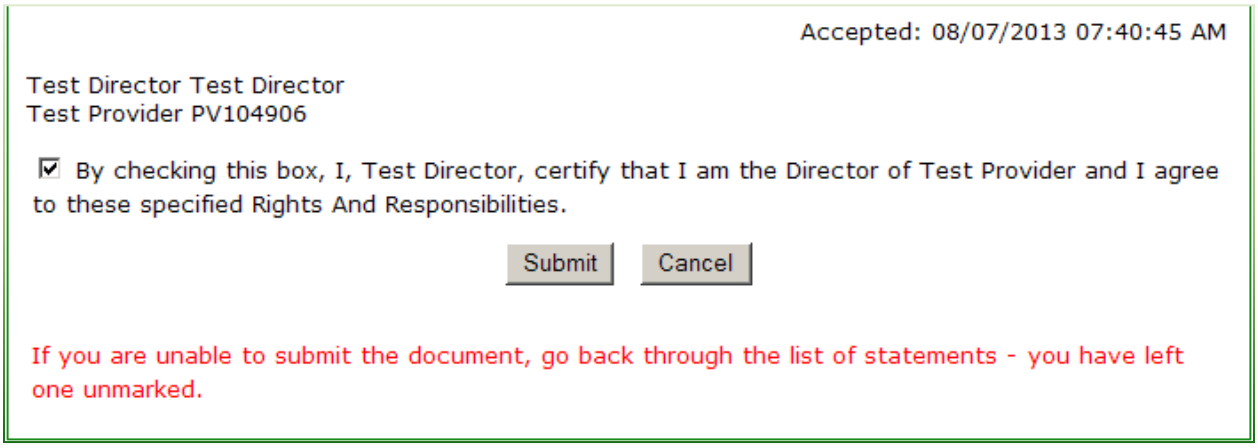
Thank you for choosing to provide care for children of families participating in the scholarship program. Completing and submitting this agreement is required before care is provided to Scholarship children. This agreement outlines your rights as a provider and explains the responsibilities that you are taking on as a provider in the program. Your completion and submission of this agreement is your acknowledgement you understand and agree with these rights and responsibilities. Unless revised, you will only have to complete this agreement once. Clicking each item's checkbox indicates you have read the statement and agree. Once submitted, your agreement will be reviewed and approved. A delay in the approving of your invoices for payment will occur if the agreeement is not received.

Please read and check each item:

Please read and check each item:

Click to Accept	Provider's Rights
☐	1. I have the right to receive a copy of the Child Care Certification Plan. This identifies the family's start-date, end-date, hours of child care authorized, and co-payment amount, in which the family is responsible for paying directly to me.
☐	2. If the family's circumstances change, and they lose eligibility for scholarship assistance before the end-date shown on the Child Care Certification Plan, a notice will be mailed to me fifteen (15) calendar days before the end of scholarship assistance. If there is no change to the certification plan during the span of eligibility, the certification plan becomes the notice to the provider when child care eligibility will end.
☐	3. I have the right to timely payment for child care scholarship services.

4. After all numbered items are checked, click in the box at the bottom to certify your role as Director and your agreement with all Rights and Responsibilities.



5. Click the Submit button. (If the Submit button is grayed out, you may have left a checkbox blank. The Submit button will also be grayed out if you have already submitted the document.)

VIEWING COMPLETED RIGHTS AND RESPONSIBILITIES

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

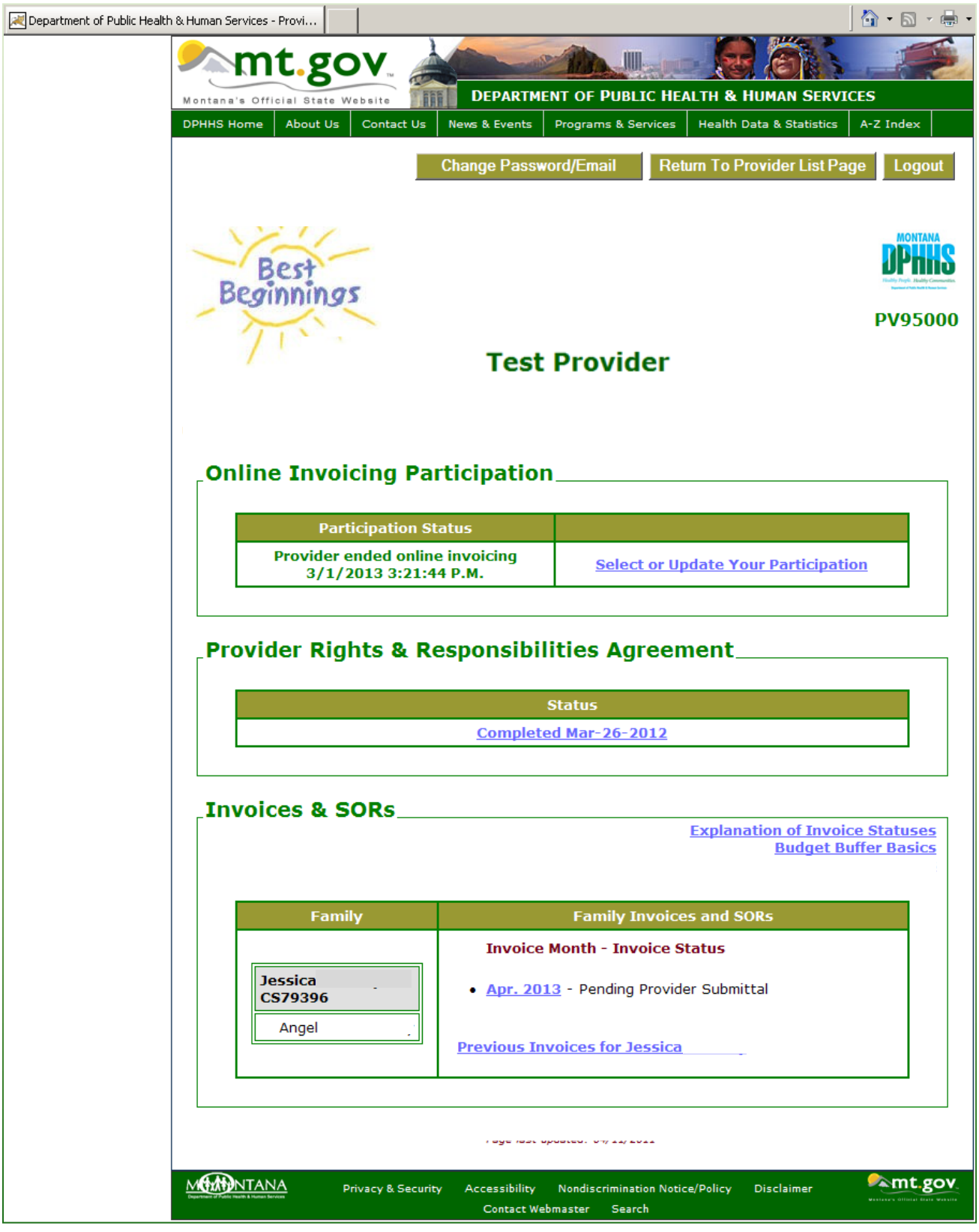
2. On the page for the provider/facility, click on the “Completed <<date>>” link.

3. Another smaller Internet Explorer window will open and display the PDF version of the Provider Rights & Responsibilities Agreement.

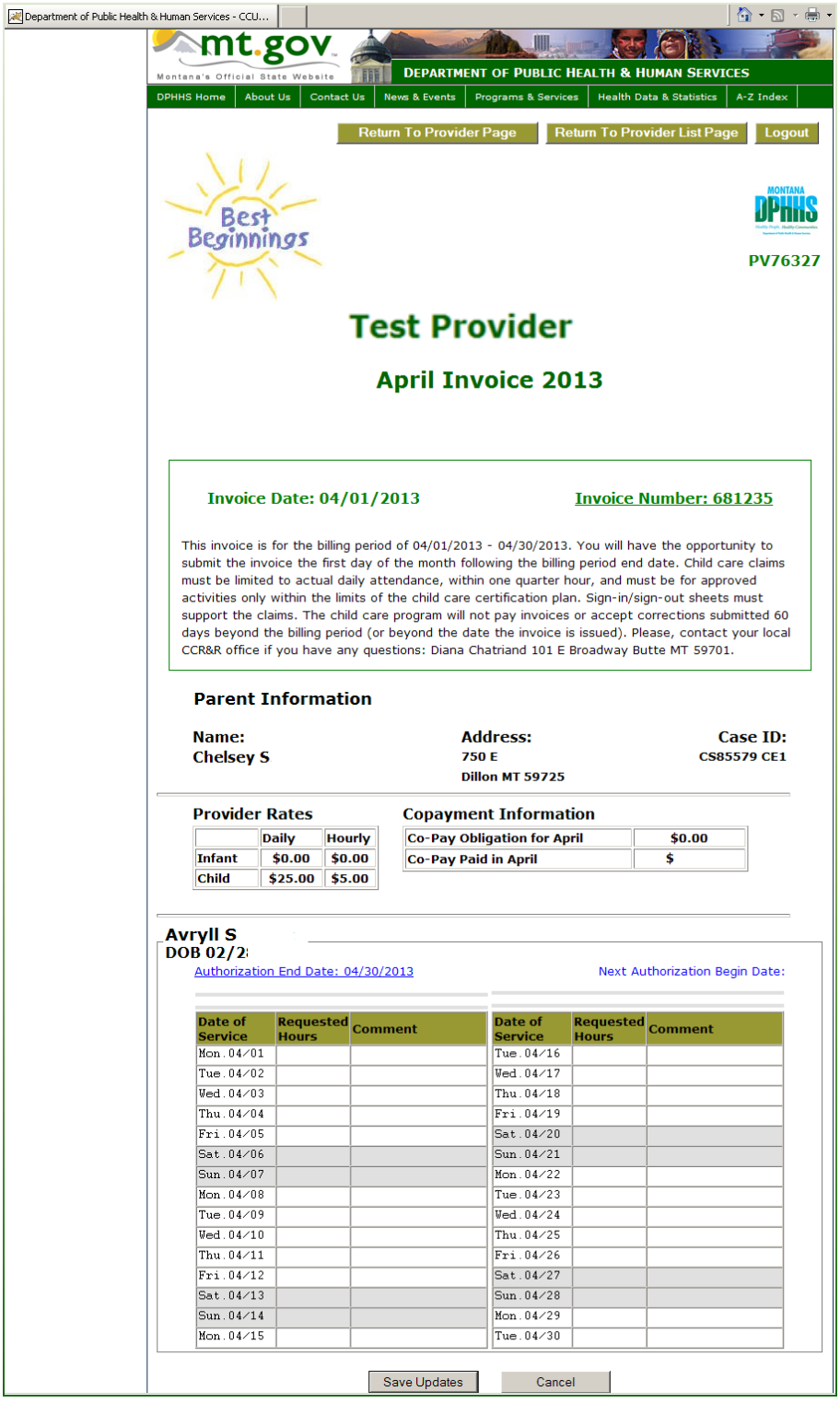
VIEWING A PROVIDER'S INVOICE

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

2. On the page for the provider/facility, click on the invoice month/year, or if the month and year needed is not listed, click on the “Previous Invoices for…” link.



3. Clicking on the month and year of an invoice displays the invoice page. If an invoice is in paid, released, or processed status, the Invoice Status section will also display. If the Authorization End Date is in red font, this indicates there is a gap in the authorization of services or that there is not a new Authorization of Services in place. Click on the Invoice Number link to view a PDF of that invoice.



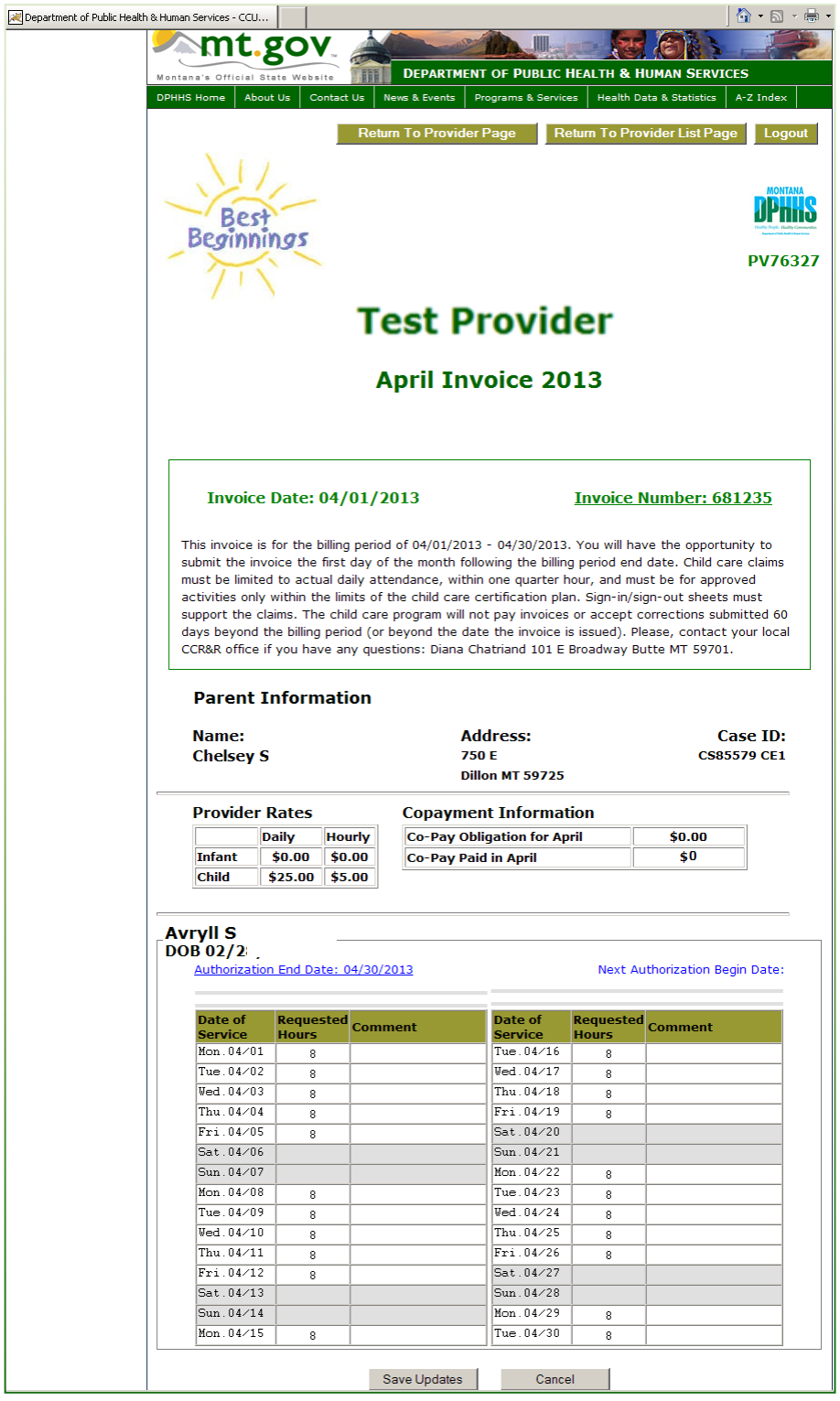
4. On the Previous Invoices page, invoices submitted online would be listed. As the list of online invoices grows, the "Retrieve Invoice for Benefit Month" section can be used. Simply type a numerical benefit month/year (including century) and Submit.

WORKING AN INVOICE

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

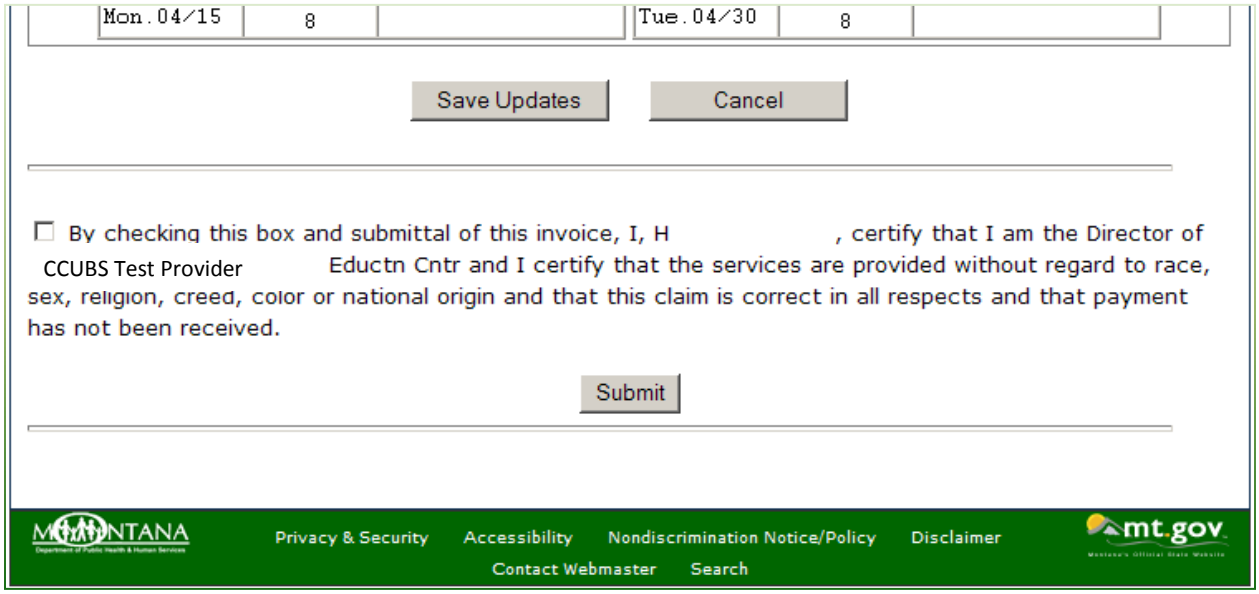
2. On the page for the provider/facility, click on the invoice month and year that you wish to work.

3. On the Invoice page, enter hours next to the appropriate dates of service in the Requested Hours fields, and an associated Comment if desired.



4. Enter the Co-Pay Paid in April. (This field is required prior to submitting the invoice, and will accept entry of $0.)
5. Click on the Save Updates button.

6. When all Requested Hours, Comments, and Co-Pay Paid fields are filled in, scroll to the bottom of the screen, check the certification checkbox and click on Submit.



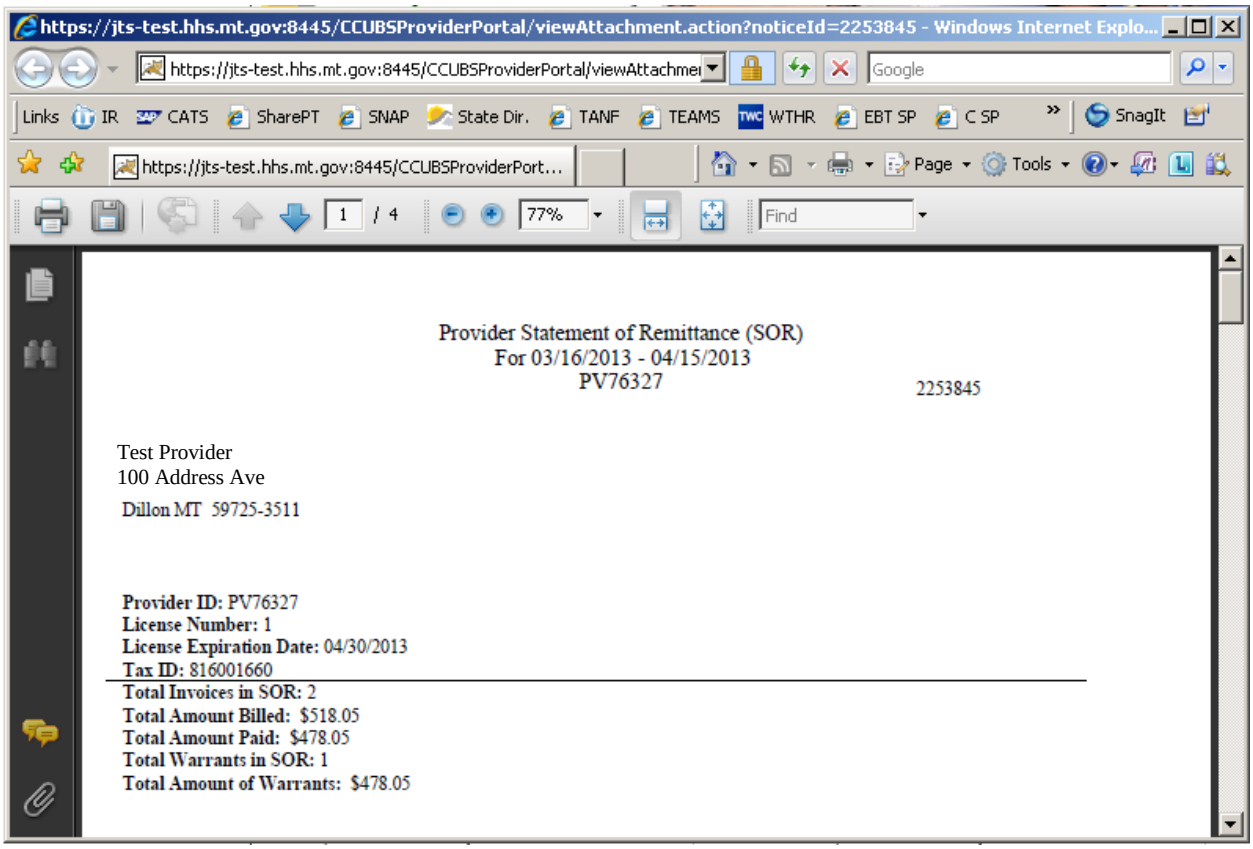
VIEWING A PROVIDER'S STATEMENT OF REMITTANCE

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

2. On the page for the provider/facility, click on the “SORs by Month…” link.

3. Click on the month of the SOR you wish to view. You can also type a numerical month/year in the "Retrieve SOR for Benefit Month" section, in the Enter Month field, and then click the month on that list.

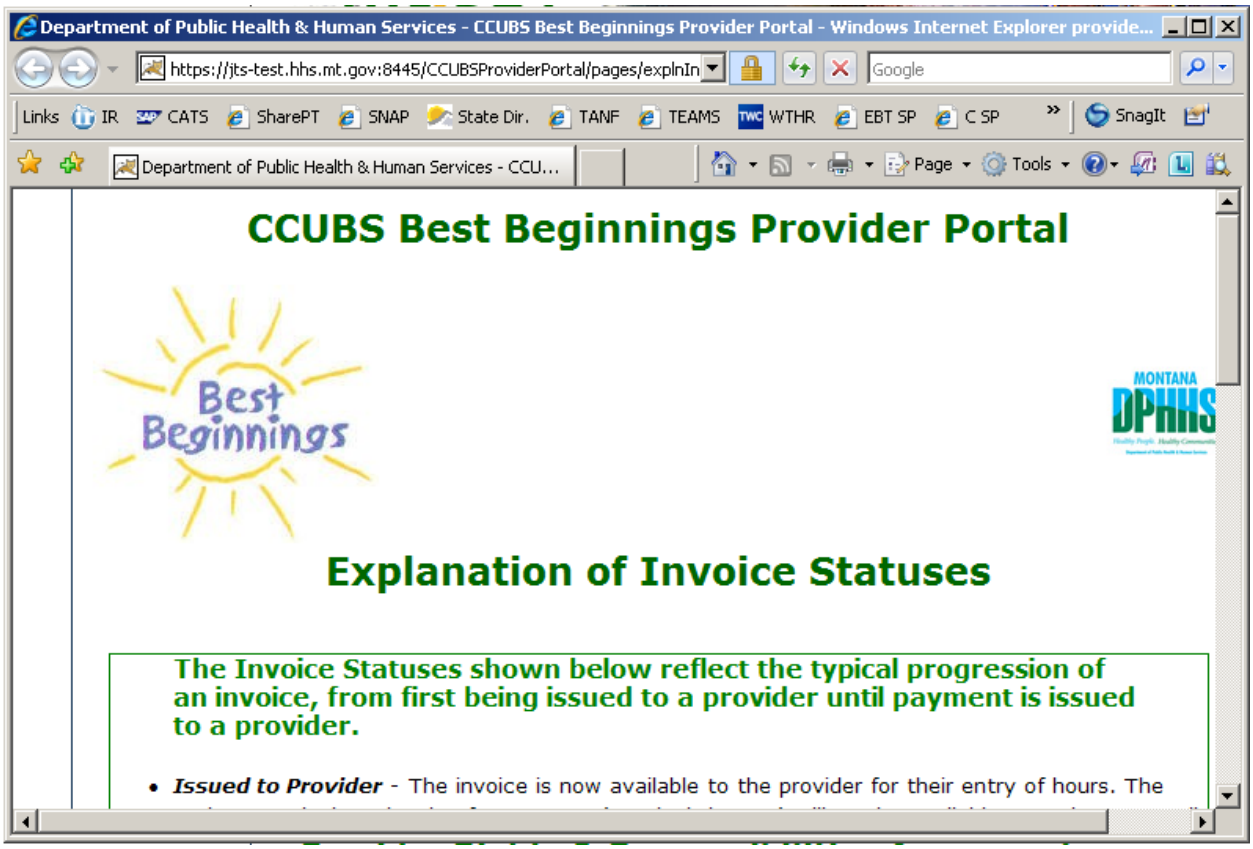
4. The system displays a PDF of the SOR in a separate window.



VIEWING EXPLANATION OF INVOICE STATUSES

1. On the provider's page, click on the circled "Explanation of Invoice Statuses" link.

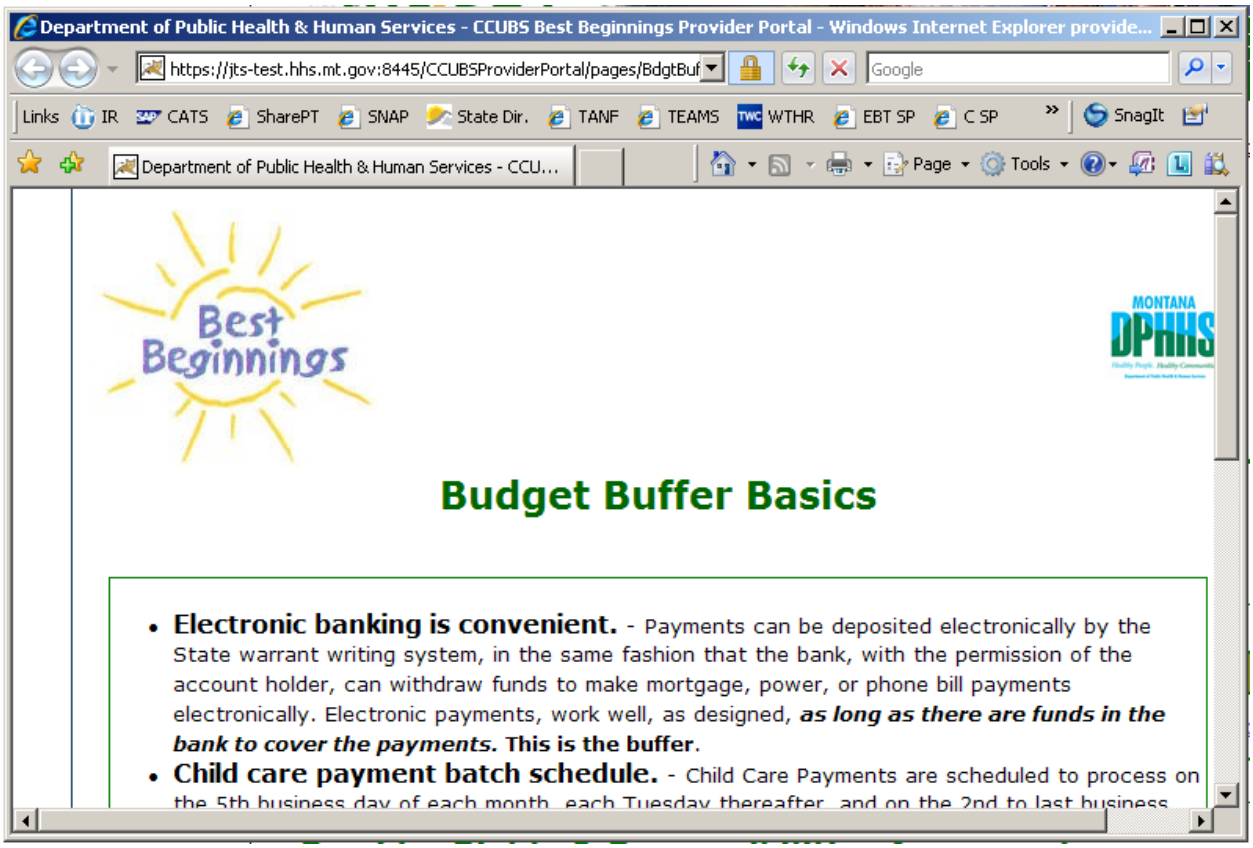
2. A separate window displays the information.



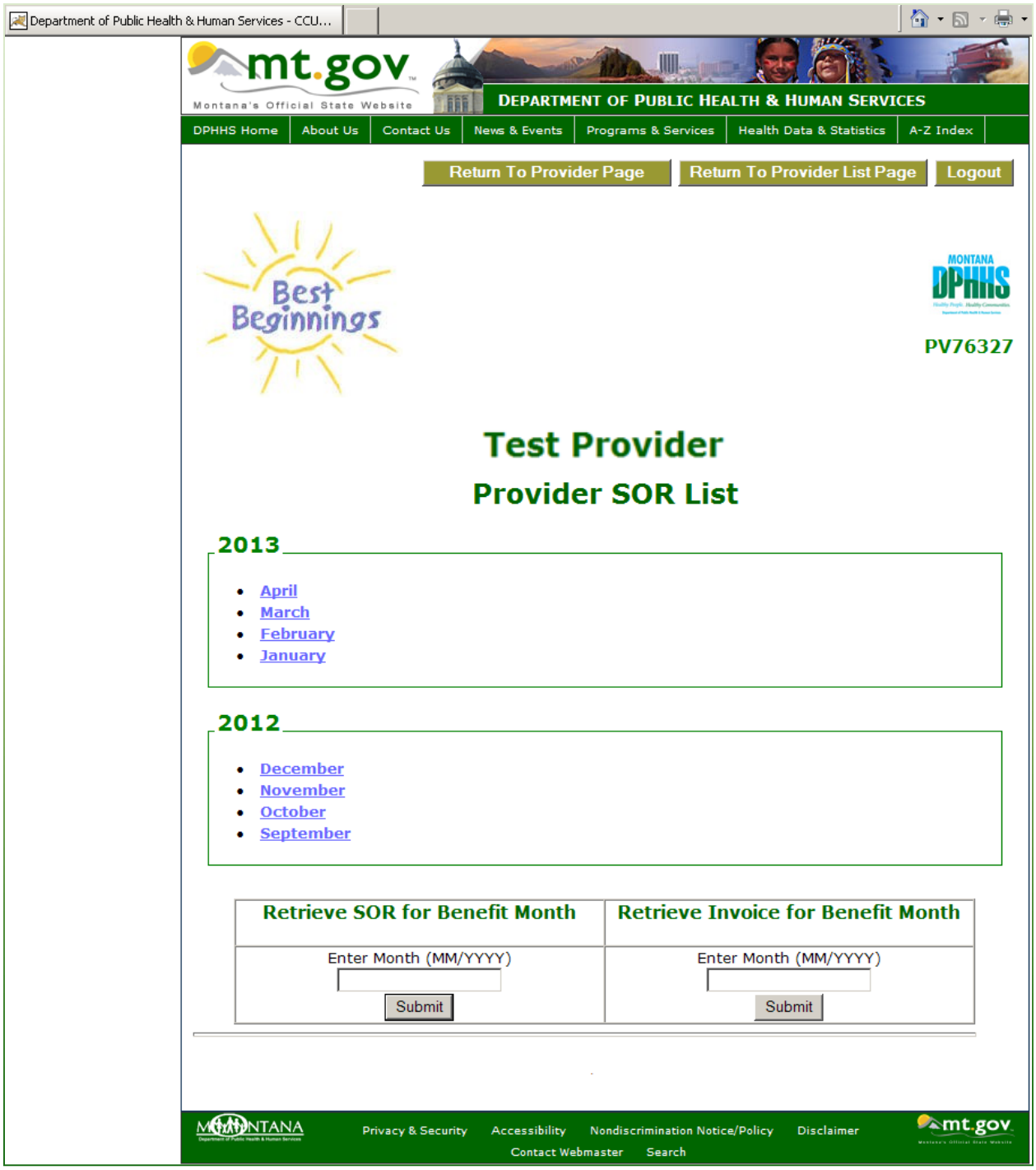
VIEWING BUDGET BUFFER BASICS

1. On the provider's page, click on the circled "Budget Buffer Basics" link.

2. A separate window displays the information.



VIEWING SORS BY MONTH AND ARCHIVED DOCUMENTS

1. On the provider's page, click on the circled "SORs by Month & Archived Documents" link.

2. Click the month link, or type a numerical month/year in the “Retrieve SOR for Benefit Month” space, and click Submit.